

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 1 3

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

10-01-02

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.225, 42 CFR 440.100

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -585,000.00

b. FFY 2004 \$ -982,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 4a-2

Attachment 3.1-B, Page 4a-2

Attachment 3.1-A, Page 4

Attachment 3.1-B, Page 4

(spread sheet)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, Delete

Same Page, Delete

Same Page, Revised 04/01/85, TN#85-6

Same Page, Revised 10/01/86 TN#86-20

10. SUBJECT OF AMENDMENT:

Deleting optional dental services for adults from array of services.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

11-27-02

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, #124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

October 22 2002

18. DATE APPROVED:

DECEMBER 11, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCTOBER 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID

23. REMARKS:

c: Mike Fogarty

Jim Hancock

Billie Wright



**DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services**

Andrew A. Fredrickson
Associate Regional Administrator, Division of Medicaid

1301 Young Street, Room 833
Dallas, Texas 75202
Phone (214) 767-6495
Fax (214) 767-0270

December 11, 2002

Our Reference: SPA-OK-02-13

Mr. Jim Hancock, Director
Health Policy Division
Oklahoma Health Care Authority
4545 North Lincoln Blvd., Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Hancock:

We have enclosed a copy of HCFA-179, Transmittal # 02-13, dated October 17, 2002. This amendment deletes the optional dental services for adults from an array of services.

We have approved the amendment for incorporation into the official Oklahoma State Plan effective October 1, 2002. If you have any questions, please contact Ford Blunt at (214) 767-6381.

Sincerely,

Andrew A. Fredrickson
Associate Regional Administrator
Division of Medicaid

Enclosure

cc: Elliott Wesiman, CMSO (Clearinghouse)



AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

X Provided: No limitations X With limitations*
 Not provided.

10. Dental services.

 Provided: No limitations With limitations*
X Not provided.

11. Physical therapy and related services.

a. Physical therapy.

 Provided: No limitations With limitations*
X Not provided.

b. Occupational therapy.

 Provided: No limitations With limitations*
X Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by
or under the supervision of a speech pathologist or audiologist).

 Provided: No limitations With limitations*
X Not provided.

STATE <u>Okla homa</u>	A
DATE REC'D <u>10/22/2002</u>	
DATE APPV'D <u>12/11/2002</u>	
DATE EFF <u>10/01/2002</u>	
HCFA 179 <u>02-13</u>	

*Description provided on attachment.

TN# 02-13 Approval Date 12/11/2002 Effective Date 10/01/2002 Revised 10-01-02
Supersedes
TN# 85-6

SUPERSEDES TN# 85-6

AMOUNT, DURATION, AND SCOPE OF SERVICES
PROVIDED TO THE MEDICALLY NEEDY GROUP(s): All Groups

8. Private duty nursing services
☐ Provided: ☐ No limitations ☐ With limitations*
9. Clinic services.
☒ Provided: ☐ No limitations ☒ With limitations*
10. Dental services.
☐ Provided: ☐ No limitations ☐ With limitations*
11. Physical therapy and related services.
a. Physical therapy.
☐ Provided: ☐ No limitations ☐ With limitations*
b. Occupational therapy.
☐ Provided: ☐ No limitations ☐ With limitations*
c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).
☐ Provided: ☐ No limitations ☐ With limitations*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
a. Prescribed drugs.
☒ Provided: ☐ No limitations ☒ With limitations*
b. Dentures
☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment

STATE	OKLAHOMA
DATE REC'D	10/22/2002
DATE APP'D	12/11/2002
DATE EFF	10/01/2002
HCFA 179	02-13

Revised 10-01-02

TN# 02-13 Approval Date 12/11/2002 Effective Date 10/01/2002

Supersedes

TN# 86-20

SUPERSEDES IN: 86-20